

Pascack Hills High School
225 W. Grand Avenue
Montvale, NJ 07645



Rose T. Welyczko, BSN, RN, Certified School Nurse, MA
Tara Wholey, RN
Phone: 201 358-7020 ext 22027
Fax: 201-358-2028

Please exempt my son/daughter

from the following screening(s) this _____ school year:

(please circle) HEIGHT WEIGHT BLOOD PRESSURE
 HEARING SCOLIOSIS VISION

Signature of
parent/guardian: _____

Date: _____

If your child has already been screened by your private physician, I have already documented those results. Again, screening is only warranted with those students to which I do not have a current physical on file.

Please return this form to the nurse as soon as possible.